

SECTION 2

CHIROPRACTIC MEDICINE

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1 GENERAL POLICY

Chiropractic medicine as described in this chapter is a benefit of the Utah Medicaid Program.

1 - 1 Credentials

A chiropractic physician must hold a current professional license in the State of Utah and be enrolled with Chiropractic Health Plan (CHP) to be eligible for Medicaid reimbursement. (The CHP address is listed in Chapter 3, Prior Authorization.)

1 - 2 Chiropractic Medicine Capitated Program

All chiropractic services are provided by a capitated reimbursement contract with the Chiropractic Health Plan (CHP). Chiropractic providers must contact CHP for details of participation. All inquiries, claims and requests for prior authorization must be submitted directly to CHP.

2 COVERED SERVICES

Chiropractic medicine includes examination and diagnosis of problems related to the spinal column and treatment in the form of manual manipulation of the spine. Refer to Chapter 4 for the exclusive list of ICD-9 diagnoses for chiropractic medicine which are reimbursed by Utah Medicaid. *All chiropractic medicine services require prior authorization from Chiropractic Health Plan (CHP).* Refer to Chapter 3, Prior Authorization.

1. Evaluation

The initial encounter evaluation may include an examination, x-rays for diagnostic purposes only, initial reports, instruction, education support, and consulting. An evaluation may be performed *once per episode of illness*.

2. Subsequent Services and Therapy Sessions

Subsequent encounters may include records, assessment, monitoring of care, reports, and procedures related to spinal manipulation. Chapter 5 contains a list of CPT procedure codes to use when reporting services.

3. Copayments

A \$1 copayment per visit for Chiropractic services is required for clients whose Medicaid eligibility card indicates copayment required. The copayment amount will be deducted from the reimbursement paid by Medicaid to the provider.

3 PRIOR AUTHORIZATION

All chiropractic medicine services require written prior authorization from Chiropractic Health Plan (CHP). For general information about the prior authorization process, you may refer to SECTION 1 of this Provider Manual, Chapter 9, Prior Authorization Process. However, CHP processes all requests, not Medicaid. Any request made to Medicaid for prior authorization of chiropractic services will be referred to CHP.

3 - 1 Prior Authorization for Evaluation

The evaluation will be authorized to a Medicaid provider upon receipt of a correctly completed request for prior authorization containing covered diagnosis and procedure codes.

3 - 2 Prior Authorization for Therapy

Chiropractic Health Plan (CHP) provides the requirements for conditions of prior authorization. Generally, the following information must be included with the written request:

- ▶ the evaluation report
- ▶ documentation which describes the medical need for the service
- ▶ the specific CPT code(s) from the approved list in Chapter 5, *Procedure Codes*.
- ▶ the diagnosis from Chapter 4, *COVERED DIAGNOSIS CODES*.

For audit purposes, specific CPT codes must be provided to indicate the specific services provided even when services are billed under the global encounter code.

Services must be performed within the period of time specified by the prior authorization. Otherwise, payment will be denied.

Submit written prior authorization requests to:

Chiropractic Health Plan
9131 S. Monroe St.
Sandy, Utah 8484070

4 COVERED DIAGNOSIS CODES

A chiropractic physician may receive reimbursement *only* for the following diagnosis codes:

714.0 Rheumatoid Arthritis	723.1 Cervicalia
715.0 Osteoarthritis, Generalized	723.5 Torticollis, unspecified
715.00 Osteoarthritis, Unspecified	724.01 Spinal stenosis, thoracic region
716.1 Traumatic arthropathy	724.02 Spinal stenosis, lumbar region
716.9 Arthritis, chronic	724.1 Pain in thoracic spine
720.0 Ankylosing Spondylitis	724.2 Lumbago
721.0 Cervical Spondylosis without myelopathy	724.4 Thoracic or lumbosacral neuritis or radiculitis
721.1 Cervical Spondylosis with myelopathy	724.6 Disorders of sacrum
721.2 Thoracic Spondylosis without myelopathy	724.70 Unspecified disorder of coccyx
721.3 Lumbosacral Spondylosis without myelopathy	724.71 Disorder of coccyx, hypermobility
721.41 Spondylosis with myelopathy, thoracic	724.79 Other disorders of coccyx
721.42 Spondylosis with myelopathy, lumbar	724.8 Other symptoms referable to back
721.6 Ankylosing vertebral hyperostosis	724.9 Other unspecified back disorder
721.7 Traumatic spondylopathy	728.85 Spasm of muscle
721.9 Spondylosis of unspecified site	733.01 Senile osteoporosis
722 Intervertebral disc disorders	737. Curvature of spine
722.0 Displacement of cervical intervertebral with or without myelopathy	737.0 Adolescent Postural kyphosis
722.1 Displacement of thoracic or lumbar intervertebral disc without myelopathy	737.1 Kyphosis, acquired
722.10 Lumbar intervertebral disc without myelopathy	737.10 Kyphosis, acquire postural
722.11 Thoracic intervertebral disc without myelopathy	737.20 Lordosis, acquired postural
722.2 Displacement of intervertebral disc site, unspecified without myelopathy	737.3 Kyphoscoliosis / scoliosis
722.4 Degeneration of cervical intercerebral disc	737.42 Curvature of spine, lordosis
722.5 Degeneration of thoracic or IV disc	737.43 Curvature of spine, scoliosis
722.51 Degeneration of thoracic or thoracolumbar intervertebral disc	756.10 Unspecified anomaly of spine
722.52 Degeneration of lumbar or lumbosacral intervertebral disc	756.11 Spondylolysis, lumbosacral
722.6 Degeneration of intervertebral disc site, unspecified	756.12 Spondylolisthesis
722.71 Intervertebral disc disorder with myelopathy, cervical region	756.19 Other anomalies of spine
722.72 Intervertebral disc disorder with myelopathy, thoracic region	839.0 Subluxation of cervical vertebra, unspecified
722.73 Intervertebral disc disorder with myelopathy, lumbar region	839.01 Subluxation of cervical vertebra, first vertebra
722.91 Cervical discitis	839.03 Subluxation of cervical vertebra, C 3
723.0 Spinal stenosis in cervical region	839.04 Subluxation of cervical vertebra, C 4
	839.05 Subluxation of cervical vertebra, C 5
	839.06 Subluxation of cervical vertebra, C 6
	839.07 Subluxation of cervical vertebra, C 7
	839.20 Lumbar subluxation
	839.21 Thoracic subluxation
	839.40 Unspecified spinal subluxation
	839.41 Subluxation coccyx vertebra region
	839.42 Subluxation sacrum / sacroiliac joint
	839.8 Multiple subluxation, arm / hand / back

846.0 Traumatic Lumbosacral strain / sprain
846.9 Traumatic sacroiliac sprain
847.0 Sprain and strain, neck
847.1 Sprain and strain, thoracic
847.2 Sprain and strain, lumbar
847.4 Sprain and strain, coccyx
847.9 Traumatic thoraco-lumbar strain
848.3 Traumatic costovertebral strain / sprain
952.10 Thoraco spinal cord Injury, T1-6

5 PROCEDURE CODES

Use the following procedure codes to bill chiropractic medicine services. The codes are global and include all combinations of the CPT procedure codes:

Code	Description	*P A	Limits
99202 or 99212	Chiropractic medicine; evaluation	W	Payable only once per episode of illness
98940	Chiropractic manipulative treatment	W	One per day

***P A** - Prior Authorization

W - Written prior authorization from Chiropractic Health Plan (CHP) required

6 NON-COVERED SERVICES

Medicaid does not cover services not related to manual manipulation of the spine nor services specifically prohibited by State Licensing.